

PALMER CENTER
3023 S 84TH ST

WEST ALLIS 53227 Phone:(414) 607-4100

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/04): 9

Total Licensed Bed Capacity (12/31/04): 10

Number of Residents on 12/31/04: 9

Ownership:

Highest Level License:

Operate in Conjunction with CBRF? No

Title 18 (Medicare) Certified? No

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 9

Non-Profit Corporation

Skilled

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		66.7
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		33.3
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	11.1	More Than 4 Years		0.0
Day Services	No	Mental Illness (Org./Psy)	0.0	65 - 74	44.4			-----
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	22.2			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	22.2	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	0.0	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	0.0	65 & Over	88.9	-----		
Transportation	No	Cerebrovascular	0.0		-----	RNs		78.3
Referral Service	No	Diabetes	0.0	Gender	%	LPNs		24.2
Other Services	No	Respiratory	0.0	-----	-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	100.0	Male	77.8	Aides, & Orderlies		
Mentally Ill	No	-----	-----	Female	22.2			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care						Total Resi- dents	% Of All
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%		
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	6	100.0	400	0	0.0	0	1	100.0	901	2	100.0	400	0	0.0	9	100.0
Total	0	0.0		6	100.0		0	0.0		1	100.0		2	100.0		0	0.0	9	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				

Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	0.0	Bathing	0.0	0.0	100.0	9
Private Home/With Home Health	0.0	Dressing	0.0	0.0	100.0	9
Other Nursing Homes	0.0	Transferring	0.0	0.0	100.0	9
Acute Care Hospitals	100.0	Toilet Use	0.0	0.0	100.0	9
Psych. Hosp.-MR/DD Facilities	0.0	Eating	0.0	0.0	100.0	9
Rehabilitation Hospitals	0.0	*****				
Other Locations	0.0	Continence	%	Special Treatments	%	
Total Number of Admissions	18	Indwelling Or External Catheter	100.0	Receiving Respiratory Care		100.0
Percent Discharges To:		Occ/Freq. Incontinent of Bladder	0.0	Receiving Tracheostomy Care		100.0
Private Home/No Home Health	0.0	Occ/Freq. Incontinent of Bowel	100.0	Receiving Suctioning		100.0
Private Home/With Home Health	5.9			Receiving Ostomy Care		0.0
Other Nursing Homes	5.9	Mobility		Receiving Tube Feeding		88.9
Acute Care Hospitals	58.8	Physically Restrained	0.0	Receiving Mechanically Altered Diets		22.2
Psych. Hosp.-MR/DD Facilities	0.0			Other Resident Characteristics		
Rehabilitation Hospitals	0.0	Skin Care		Have Advance Directives		77.8
Other Locations	0.0	With Pressure Sores	44.4	Medications		
Deaths	29.4	With Rashes	0.0	Receiving Psychoactive Drugs		44.4
Total Number of Discharges (Including Deaths)	17					

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Nonprofit Peer Group %	Ratio	Bed Size: Under 50 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	90.0	87.4	1.03	83.3	1.08	87.3	1.03	88.8	1.01
Current Residents from In-County	77.8	86.8	0.90	64.2	1.21	85.8	0.91	77.4	1.00
Admissions from In-County, Still Residing	22.2	21.8	1.02	10.2	2.17	20.1	1.11	19.4	1.15
Admissions/Average Daily Census	200.0	159.1	1.26	341.9	0.59	173.5	1.15	146.5	1.37
Discharges/Average Daily Census	188.9	159.6	1.18	334.4	0.56	174.4	1.08	148.0	1.28
Discharges To Private Residence/Average Daily Census	11.1	63.2	0.18	163.1	0.07	70.3	0.16	66.9	0.17
Residents Receiving Skilled Care	0.0	96.1	0.00	92.6	0.00	95.8	0.00	89.9	0.00
Residents Aged 65 and Older	88.9	96.5	0.92	90.7	0.98	90.7	0.98	87.9	1.01
Title 19 (Medicaid) Funded Residents	66.7	50.4	1.32	43.8	1.52	56.7	1.18	66.1	1.01
Private Pay Funded Residents	11.1	33.2	0.33	36.4	0.31	23.3	0.48	20.6	0.54
Developmentally Disabled Residents	0.0	0.5	0.00	0.0	.	0.9	0.00	6.0	0.00
Mentally Ill Residents	0.0	33.9	0.00	31.5	0.00	32.5	0.00	33.6	0.00
General Medical Service Residents	100	26.1	3.83	25.3	3.95	24.0	4.16	21.1	4.75
Impaired ADL (Mean)	100	51.2	1.95	54.8	1.82	51.7	1.93	49.4	2.02
Psychological Problems	44.4	62.3	0.71	54.9	0.81	56.2	0.79	57.7	0.77
Nursing Care Required (Mean)	56.9	7.1	8.07	9.0	6.36	7.7	7.37	7.4	7.66